TRAVEL EXPENSE CLAIM  STD. 262 (REV 10/92)									Page	Page 1 of 1 Pages					
CLAIMANT'S NAME Tom Sheehy					SSAN OR EMPLOYEE NUMBER* DEPAR										
POSITION CBAD NUMBER Undersecretary Exempt RESIDENCE ADDRESS			DIVISION OR BUREAU State and Consumer Services Agency HEADQUARTERS ADRESS					INDEX NUM			MBER				
On File						915 Capitol Mall, Suite 200								On File	
On File					Sacramento					STATE CA			ZIP CODE 95814		
Jan-10		I OCATION WHERE EXPENSES	(4)	(5) BREAK-	MEALS LUNCH	O.T., L/T. N/C. RELO, OR	(6)	(7) (A)	(B) TYPE	(C)		D) TE CAR	BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY	
DATE	TIME	WHERE EXPENSES WERE INCURRED	LODGING	FAST	CONON	OINNER	TALS	TRANS.	USEO SC/PC	TOLLS, PARKING	USE MILES AMOUNT				
13-Jan	0900	Sacramento									8	4.00		4.0	
13-Jan	1730	Sacramento									8	4.00		4.00	
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	SUBT	OTALS			1711 VV VVIII.						16	8.00		8.00	
		JMN CODE (ACCTG.	USE ONLY)												
CLAIM TOTAL													\$8	.00	
(11) PURPOSE OF TRIP, REMARKS AND DETAILS. (Attach receipts/vouchers when required)  Travel to Department of Consumer Affairs to attend Building Standards Commission Meeting  (12) NORMAL WORK HOURS 8:30am to 5:30pm											pm	LIBER .			
(13) PRIVATE VEHICLE LICENS On File												LICENSE NO	INDEL		
(14) MILEAGE RATE CLAIMED .50 cents															
as used, and i	f mileage ra	That the above is a true statement of the t tes suxeed the minimum rate, I certify that 1, 0752, 0753, and 0756 pertaining to veh	the cost of operating the vehicle	n accordance wi was equal to or	th DPA rules in the se greater than the rate	rvice of the State of claimed, and that i h	California. If a pave met the req	privalely owned uirements as pr	vehicle escribed			USE ON	TING OFFICE ILY CHECK NUMI	3ER	
CLAIMANT'S				DATE		(16) SIGNATI	URE OF OFF	ICER APPR	OVING TRA	VEL AND PA	YMENT		DATE		
					1/14/2010	4/2010							1/19/2010		
17) SIGNATI	JRE AND	TITLE OF AUTHORITY FOR SPE	CIAL EXPENSES		(See Item 17 on	reverse)							DATE		